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CONFIRMATION NO. 8988

<b>SERIAL NUMBER</b> 10/661,977	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 180/157/2/2
<b>APPLICANTS</b> Benjamin L. Viglianti, Durham, NC; Mark W. Dewhirst, Durham, NC; James R. MacFall, Graham, NC; Zeljko Vujaskovic, Chapel Hill, NC;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/409,899 09/11/2002 and claims benefit of 60/415,591 10/02/2002 <i>sc</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i> <i>sc</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/15/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>sc</i> Acknowledged <i>sc</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 40
		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 25297				
<b>TITLE</b> Methods and compositions for blood pool identification, drug distribution quantification and drug release verification				
<b>FILING FEE RECEIVED</b> 704	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	